

Home Dialysis Key Contacts Hours are 8:00 a.m. to 5:00 p.m. (Mountain Time) Monday–Friday		
Topic	Contact	Information Available
Claims (Medicaid)	Claims Processing Unit P.O. Box 8000 Helena, MT 59604 800.624.3958 In/Out of state 406.442.1837 Helena	<ul style="list-style-type: none"> • Send paper claims to this address. • Call for answers to claims questions.
Member Eligibility		<ul style="list-style-type: none"> • See Eligibility in the Key Contacts.
Passport Member Information	Passport to Health P.O. Box 254 Helena, MT 59624-0254 Medicaid/HMK <i>Plus</i> Help Line 800.362.8312 In/Out of state	<ul style="list-style-type: none"> • Members who have general Medicaid questions may call the Help Line.
Passport Provider Information	Passport to Health P.O. Box 254 Helena, MT 59624-0254 Medicaid Provider Help Line 800.624.3958 In/Out of state	<ul style="list-style-type: none"> • For answers to any Passport-related questions. • To enroll as a Passport provider.
Policy Questions	Abby Holm Senior and Long-Term Care Division 2030 11th Avenue P.O. Box 4210 Helena, MT 59604-4210 406.444.4564 E-mail: abholm@mt.gov	<ul style="list-style-type: none"> • See also Policy Information in Key Contacts.
Prior Authorization	Mountain-Pacific Quality Health 3404 Cooney Drive Helena, MT 59604 Phone: 406.443.0320 Helena/Out of state 800.219.7035 In state	<ul style="list-style-type: none"> • Prior authorization required for home health services. • Authorization required for skilled nursing services in excess of 75 visits per state fiscal year (July–June).
Provider Enrollment	Provider Enrollment Unit P.O. Box 4936 Helena, MT 59604 Phone: 800.624.3958 In/Out of state 406.442.1837 Helena	<ul style="list-style-type: none"> • To enroll as a Montana Medicaid provider.

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Provider Relations	Provider Relations Unit P.O. Box 4936 Helena, MT 59604 800.624.3958 In/Out of state 406.442.1837 Helena	<ul style="list-style-type: none"> For questions about claims, EDI, eligibility, payments, and denials, or to request billing instructions, call or write. Billing instructions, manuals, forms, and fee schedules are also available on the Provider Information website.
Restricted Member Authorization	Surveillance/Utilization Review Section (SURS) P.O. Box 202953 Helena, MT 59620 406.444.4167 In/Out of state	<ul style="list-style-type: none"> For authorization for emergency services provided for restricted members, contact SURS. All other services must be authorized by the member's designated provider.
Team Care	Heather Racicot DPHHS P.O. Box 202951 Helena, MT 59620-2951 406.444.5926 In/Out of state 406.444.1861 Fax	<ul style="list-style-type: none"> For more information on the Team Care Program, consult the <i>General Information for Providers</i> manual, Passport chapter.
Third Party Liability	Third Party Liability Unit P.O. Box 5838 Helena, MT 59604 800.624.3958 In/Out of state 406.442.1837 Helena	<ul style="list-style-type: none"> For answers to questions about private insurance, Medicare or other third party liability.